

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2110
Do not use this space.

FILED JAN 16 1945

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 106
 (b) Township _____ Primary Registration District No. 4178 Registered No. 19
 (c) City Alscomb (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) Cochran Hospital St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Clarence Bramley
 (a) Residence, No. Corsing Arkansas St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bess Bramley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 3 32

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. none
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denton, Mo.

13. NAME Amos Bramley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntington, Mo.

15. MAIDEN NAME Nellie Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Claude Bramley
Stiles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Coleman Cem. DATE 12/13 1944

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. L. Stinson
Stiles, Mo.

20. FILED 12-20-44 1944 Bernice Wilson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/12 1944

22. I HEREBY CERTIFY, That I attended deceased from 12/12 1944 to 12/12 1944

I last saw him alive on 12/12 1944. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

Artery of Heart -
3. Occupation of
Elementary Judge

Date of onset
1700

Other contributory causes of importance:
Crushed Chest

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 12-12-44
 Where did injury occur? on highway Alscomb, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile injury
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) Alscomb - Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed John H. German
Licensed Embalmer No. 4355
P. O. Address State, Mo. Box 71

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.